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ABSTRACT

Testing has been perceived as a panacea, an elixir for obtaining data on innate human abilities. Since the empirical research and the experience of clinicians has not been fully able to meet this expectation adequately, assessment has been ascribed the quality of having an illusionary nature. Hence, it has been proposed by various factions in the professional as well as the lay community that a moratorium on testing be instituted, or that testing be abolished forthwith. Every component practitioner who is well versed in the theoretical concepts of measurement acknowledges the limitations and strengths of test instruments. These instruments are neither an elixir nor illusionary in nature. They are the best of what is available, given our present state of knowledge. It is imperative that academicians and practitioners be cognizant of the fact that the test instruments are only as good as the practitioner who uses them. (Author/KRP)

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Psychological Assessment -- An Elixir or an Illusion for the Practitioner*

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This panel on psychological assessment has most aptly enumerated and elucidated upon the inherent idealogical conflicts and resolutions in testing, the empirical and conceptual arguments for assessment training, the issues arising in the instruction of assessment and diagnostics and the problems emanating from designing and evaluating an assessment course format. Hence, it is my intent to only briefly summarize and comment upon what has already been stated by these respective speakers from a practitioner's perspective. Therefore, I hope you will bear with me while I attempt to critique, elaborate or reinforce what has already been presented.

Dr. Jones has cogently provided us with an historical overview of the evolution of the testing movement with its emergent ideological differences between the school of structuralism and functionalism, i.e., metaphysical and methodological behaviorism. Concomitantly, he brings clarity to the problems of the researcher and practitioner as they are related to the identified emergent ideological conflict, i e., behaviorism versus psychoanalytic theory and pure versus applied science. This conflict has culminated in a decline in the role of psychological testing which he points out has been largely an academic development. It is with this point I wish to take issue. The practitioner is increasingly being

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confronted by a general public who is more knowledgeable about psychological testing. The result of this has placed the practitioner in the position of having to acknowledge the limitations of assessment while attempting to justify the utility of testing. Hence, the ideological conflicts identified by Dr. Jones are not only germane to academia but to the practitioner who must cope with a public that fully does not understand the implications of the pro's and con's of psychological assessment.

The second paper was presented by Dr. Noak. This forthright paper focuses on the problems confronting a psychology program that is mandated to teach assessment to a heterogeneous group of students, i.e., psychology, counseling, sociology, undergraduate and graduate students, in an academic atmosphere that could have been considered bias against testing. Needless to say, their task at hand was one not to be envyed, nor scoffed at. The resultant organizational structure with its flexibility to meet the individualized needs of this heterogenous group seems to be an expeditious procedure. Such a procedure would, no doubt, provide opportunity f · students to learn more about other areas of specialization in the social sciences by their association with each other in the course sequence. This learning would hopefully be beneficial to their understanding of and developing skill in the assessment process. The practitioner in order to be an effective clinician must be able to communicate his knowledge to colleagues in other areas of specialization as well as to understand the communications of these same colleagues. In spite of the inadequacies noted by Dr. Noak, the sequence format seems to have more beneficial aspects than deleterious ones.

Now, we must turn to the basic rationale for teaching assessment to M.A. level practitioners as presented by Dr. Havens. Not surprisingly, Dr. Havens has provided an excellent and balanced discussion of the empirical and conceptual arguments for teaching assessment skills to M.A. psychologists. As Dr. Havens has documented and he and his colleagues have found in their survey of mental health facilities in the state of Illinois, these facilities expect the M.A. psychologists to function as autonomous professionals in administering and interpreting test data. The most important aspect of Dr. Haven's presentation was his emphasis on the prescriptive intervention approach as a model for assessment and treatment. As a practitioner in a medical setting who receives referrals from the private sector as well as community agencies, i.e., public welfare, public school, and community mental health agencies, there are a plethora of requests for assessment with the goal of treatment as the implicit request. These referral sources not only want a cognitive, emotional and perceptual motor assessment but specific information about what steps to follow upon completion of the evaluation. Thus, the assessment is a psychodiagnostic as well as a psychotherapeutic process. In short, the assessment process becomes the precursor as well as the essence of the beginning phase of psychotherapy and/or counseling. It is within this process that the practitioner formulates, tests and re-formulates hypotheses about the individual's dynamics. Concomitantly, he focuses on appropriate goals and treatment techniques which could be utilized in the subsequent treatment process.

The major thrust of the last paper by Dr. Dimond focuses on the

challenge of teaching the complex vicissitudes of a test battery while taking into consideration the equivocal nature of the empirical data on psychological tests. Dr. Dimond, in his consideration of a philosophy of testing and a model for teaching assessment, suggests a strategy for assessment which utilizes intellectual, perceptual-motor and projective instruments in the evaluation of a patient. From my experience, it appears that there is considerable support for such an approach among well trained practitioners in the field. As a practitioner I have seen far too many evaluations written by psychologists who have administered a single test instrument, and made interpretations of their results by relying solely on empirical research without taking other relevant clinical data into consideration such as the patient's ego functioning during the assessment and clinical interview. Another point made by Dr. Dimond which is paramount to the training of practitioners on an M.A. as well as at a Ph.D. level is not merely a focus on pathology, but an emphasis on a continuum from normality to pathology. All too often, the trainee is taught to view all responses on a test battery as indicators of pathology rather than healthy adaptive functioning. Needless to say, Dr. Dimond's resolute presentation warms the cockles of an old practitioner's heart since we in the field can expect, as a result of this innovative assessment program to have contact with better trained M.A. level practioners who will be better able to respond to the psychological needs of the community.

In concluding it is noteworthy that each of the speakers alluded directly or indirectly to a sentiment of anti-testing in the academic community. The problems have arisen, as elucidated by Dr. Jones, during

the course of the development of the testing movement. Testing has been perceived as a panacea, an elixir, for obtaining data on innate human abilities. Since the empirical research and the experience of clinicians has not been able to fully meet this expectation as was clearly pointed out by Dr. Dimond, then assessment has been ascribed the quality of having an illusionary nature. Hence, it has been proposed by various factions in the professional as well as the lay community that a moratorium on testing be instituted or worse, that testing be abolished forthwith. Every competent practitioner who is well versed in the theoretical concepts of measurement acknowledges test instruments limitations as well as their strengths. These instruments are neither an elixir nor illusionary in nature. They are the best of what is available given our present state of knowledge. It is imperative then that we, like most knowledgeable practitioners, be cognizant of the fact that the test instruments are only as good as the practitoner who uses them.